

APPLICATION FOR HAWAII CIGARETTE TAX AND TOBACCO TAX LICENSE

LICENSE FEE: \$2.50 PER YEAR

1. TAXPAYER NAME _____				Hawaii G.E./Use I.D. No. _____
2. DOING BUSINESS AS (DBA) NAME _____				
3a. MAILING ADDRESS _____				
Number and street	City	State	ZIP code	
3b. BUSINESS ADDRESS _____				
Number and street	City	State	ZIP Code	
4a. SOCIAL SECURITY NUMBER _____		4b. FEDERAL EMPLOYER IDENTIFICATION NUMBER _____		
5a. BUSINESS TELEPHONE NUMBER () _____		5b. RESIDENTIAL TELEPHONE NUMBER () _____		
6. LICENSE BEGINS EFFECTIVE FYE _____, 19____ FOR CIGARETTE TAX AND TOBACCO TAX				
7. CHECK: <input type="checkbox"/> DEALER <input type="checkbox"/> WHOLESALER <div style="margin-left: 40px;"> <p>“Dealer” means any person coming into the possession of cigarettes or tobacco products, or any person rendering a distribution service who buys and maintains, at the person’s place of business, a stock of cigarettes or tobacco products which have not been acquired from a wholesaler or dealer licensed under this chapter, and who distributes or uses such cigarettes or tobacco products.</p> <p>“Wholesaler” means a person rendering a distribution service who buys and maintains, at the person’s place of business, a stock of cigarettes or tobacco products that the person uses, possesses, or distributes only to retailers, or other wholesalers, or both.</p> </div>				
8. LIST OWNERS, PARTNERS, OR CORPORATE OFFICERS (USE REVERSE SIDE IF MORE SPACE IS NEEDED)				
SS#	Name	Title	Address	

9. GIVE A BRIEF DESCRIPTION OF YOUR BUSINESS OPERATION

I hereby declare that the statements herein contained are true and correct and that the license authorized by Chapter 245, Hawaii Revised Statutes, Cigarette Tax and Tobacco Tax Law, issued in response to this application, will be accepted upon the condition that the provisions of said chapter and rules prescribed thereunder shall be fully complied with.

(Signature)

(Title)

(Date)

MAILING ADDRESSES AND TELEPHONE NUMBERS

(Please direct all inquiries or correspondence to the nearest district office.)

OAHU DISTRICT OFFICE
P. O. Box 1425
Honolulu, HI 96806-1425
Telephone: (808) 587-4242
Toll Free: 1-800-222-3229

MAUI DISTRICT OFFICE
P. O. Box 1427
Wailuku, HI 96793-6427
Telephone: (808) 984-8500

HAWAII DISTRICT OFFICE
P. O. Box 937
Hilo, HI 96721-0937
Telephone: (808) 974-6321

KAUAI DISTRICT OFFICE
3060 EIWA STREET, #105
Lihue, HI 96766-1889
Telephone: (808) 274-3456